

**COUNTY OF SAN DIEGO
OFFICE OF INTERNAL AFFAIRS**

INTERNAL DISCRIMINATION COMPLAINT FORM

Date Filed: _____

COMPLAINANT:

Name _____ Class/Title _____

Home Address (Complete) _____ Home Phone _____

Ethnicity/Race _____ Social Security No. _____ Age _____ Sex _____

PRESENTLY WORKING:

Department _____ Supervisor _____ Title _____

Address (Complete) _____ Work Phone _____

BASIS OF COMPLAINT: Race _____ Sex _____ Age _____ Disability _____
Nat'l. Origin/Ancestry _____ Other _____

DATE ALLEGED DISCRIMINATORY ACTION OCCURRED: _____

NATURE OF COMPLAINT (Please list or itemize the facts of how you were discriminated. Be specific so other persons can put themselves in your shoes and understand what you are facing. The specifics should include the date, time, place, individual involved, etc.):

_____ (Continue on next page)

NATURE OF REMEDY (Please indicate what you would like to accomplish by this complaint and/or what you would like to see happen to resolve or settle this complaint.):

If you have filed a complaint based on the same facts with any of the following entities, please indicate which and give date of filing. (Please note that if you have done so, this precludes the Office of Internal Affairs (OIA) from accepting and investigating your complaint. This applies to any complaint that you have initially filed with OIA, and which you file thereafter with an external agency.)

	<u>Date</u>	<u>Date</u>	<u>Date</u>
Department/Agency: DFEH _____	EEOC _____	DOJ _____	
Civil Service Commission _____	Other, specify _____		

IF ANY OF THE ABOVE IS MARKED, WHAT IS THE STATUS? _____

Date _____

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Signature of Complainant

Date

**AUTHORIZATION OF INVESTIGATION
AND
RELEASE OF RECORDS FORM**

Date: _____

I, _____, having alleged discriminatory treatment by the Department of _____, authorize the Office of Internal Affairs (OIA) and its authorized agents to investigate said allegation(s), per Administrative Manual Item Number 0080-03-2a. I hereby authorize the County of San Diego, the Department of Human Resources, and the Department(s) of _____ to release to OIA and its agents all County personnel, payroll, medical and other records pertaining to me, for OIA's inspection, recording and photocopying.

Signature